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TRANSMITTAL FORM			Filing Date	September 26, 2001	
			First Named Inventor	Ben C. Platt	
(to be use		r initial filing)	Art Unit	2878	
(to be used for all correspondence after initial filing)			Examiner Name	Not Yet Assigned	
Total Number	r of Pages in This Submis	sion 4	Attorney Docket Numb	er 60724/P009US/10103110	
	EN	ICLOSURES ((Check all that app	oly)	
Fee Transr	mittal Form	Drawing(s)		After Allowance Communication to Group	
Fee Attached		Licensing-rela	ated Papers	Appeal Communication to Board of Appeals and Interferences	
Amendmer	nt/Reply	Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After Final		Petition to Convert to a Provisional Application		Proprietary Information	
Affidavits/declaration(s)		X Power of Attorney, Revocation Change of Correspondence Address		Status Letter	
Extension of Time Request		Terminal Disclaimer		X Other Enclosure(s) (please identify below):	
Express Abandonment Request		Request for Refund		Statement Under 37 CFR 2.73(b) Return Postcard	
Information Disclosure Statement		CD, Number of CD(s)			
Certified Copy of Priority Document(s)					
Response to Missing Parts/ Incomplete Application		Remarks			
Response to Missing Parts under 37 CFR 1.52 or 1.53					
	<u> </u>				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P. Michael A Papalas				
Signature	nature ////				
Date October 27, 2003					
	Transmittal				
		atents, P.O. Box 1450	Alexandria, VA 22313-	sufficient postage as First Class Mail, in an 450, on the date shown below.	
Detect October 27, 2003 Signature: A TA (Gara)					

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PTO/SB/81 (06-03)
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Application Number 09/964.786

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Applicati n Number		09/964,786		
Filing Date		9/26/01		
First Named Inventor		Ben C. Platt et al.		
Title	DELIVERY SYSTEM FOR POST-OPERATIVE POW ADJUSTMENT OF ADJUSTABLE LENS			
Art Unit		2878		
Examiner Name		Not Assigned		
Attorney Docket No.		60724/P009/10103110		

I hereby appoint:					
x Practitioners at Customer Number 000029053 OR Practitioner(s) named below:					
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States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: x					
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I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Cary J. Reich, President					
Signature (any 1.1/)					
Date 7/19/03 Telephone (626) 395-5201					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
*Total of1 form	*Total of forms are submitted.				

PTC/SB/96 (08-03)

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STATEMENT UNDER 37 CFR 3.73(b)

		<u> </u>	<u> </u>	
Applica	int/Patent Owner	Ben C. Platt, et al.		
Applica	ition No./Patent N	lo.: 09/964,786	Filed/Issue Date:	9/26/2001
Entitled	i: <u>DELIVERY</u>	SYSTEM FOR POST-OPE	RATIVE POWER ADJUSTMEN	IT OF ADJUSTABLE LENS
(Nan	CALHOUN ne of Assignee)	VISION, INC.	a corporation, parti	oration nership, university, government agency, etc.
states 1	that it is:			
1 . [x the assignee	of the entire right, title, and	interest: or	
		-		
2		of less than the entire right, y percentage) of its owners		
in the c	•	patent identified above by	\	
A. [x] <i>OR</i>	was recorded in		patent application/patent identif and Trademark Office at Reel copy thereof is attached.	
B.[]	A chain of title assignee as sh		patent application/patent identif	ied above, to the current
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[]	[NOTE: A separate document) mus	arate copy (i.e., the original st be submitted to Assignment	s in the chain of title are attache assignment document or a true ent Division in accordance with Is of the USPTO. <u>See</u> MPEP 30	copy of the original 37 CFR Part 3, if the
The un	dersigned (whos	e title is supplied below) is a	authorized to act on behalf of th	e assignee.
	9/19/03		Cary J.	Reich
	Dat	8	Typed or pri	nted name
_ (26-395-3 Telephone	5207	(any).	
	Telephone	Number	(/ Signa	
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